R E P O R T R E S U M E S

ED 019 054 JC 680 128

INNOVATION IN HEALTH EDUCATION AT THE JUNIOR COLLEGE.

BY- CAMPBELL, CHARLES E.

PUB DATE MAR 68

EDRS PRICE MF-$0.25 HC-$1.08 25P.

DESCRIPTORS- *JUNIOR COLLEGES, *HEALTH EDUCATION, *INSTRUCTIONAL INNOVATION, ADMINISTRATOR ATTITUDES, TEACHER ATTITUDES, CALIFORNIA,

A REVIEW OF RELEVANT LITERATURE, VISITS TO NINE SOUTHERN CALIFORNIA JUNIOR COLLEGES AND INTERVIEWS WITH ADMINISTRATION AND FACULTY MEMBERS WERE THE MEANS OF COLLECTING INFORMATION ABOUT HEALTH EDUCATION PROGRAMS AND INNOVATIONS IN THIS INSTRUCTIONAL FIELD. THE HEALTH EDUCATION COURSES IN THE COLLEGES VISITED WERE TAUGHT IN A TRADITIONAL MANNER BY MEMBERS OF THE PHYSICAL EDUCATION OR LIFE SCIENCE DEPARTMENTS, WHO WERE MORE INTERESTED IN THEIR SPECIALTIES THAN IN HEALTH EDUCATION. OTHER THAN AN ATTEMPT AT INDEPENDENT STUDY, GRANTING OF CREDIT BY EXAMINATION, AND USE OF COMMERCIAL TELEVISION FOR A CREDIT COURSE, THE INNOVATIONS FOUND BY THE AUTHOR WERE INSIGNIFICANT. IN SEVERAL INSTITUTIONS, THERE WAS NO ATTEMPT AT INNOVATION, AND LITTLE KNOWLEDGE OF FORCES CAUSING CHANGE WAS FOUND. ABSENCE OF PROGRESS IN INSTRUCTIONAL INNOVATION AND IMPROVEMENT IS DUE PRIMARILY TO LACK OF QUALIFIED, TRAINED HEALTH EDUCATORS. (WO)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

ERIC

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

ED019054

GRADUATE SCHOOL OF EDUCATION
UNIVERSITY OF CALIFORNIA AT LOS ANGELES

INNOVATION IN HEALTH EDUCATION AT THE JUNIOR COLLEGE

Submitted to

Dr. B. Lamar Johnson

In Partial Fulfillment of the
Requirements for Education 261D

Seminar in the Junior College Curriculum

by

Charles E. Campbell

March, 1968

TABLE OF CONTENTS

CHAPTER		PAGE
I.	THE PROBLEM AND DEFINITION OF TERMS USED	1
	The Problem	3
	Statement of the problem	3
	Importance of the study	3
	Limitations of the study	3
	Sources of Data	3
	Definition of Terms Used	4
	Innovation	4
	Health education	4
	Traditional approach	4
	"Blood and bones" approach	4
	Pattern	4
II.	REVIEW OF THE LITERATURE	5
	The Pressures to Innovate	7
III.	PROCEDURE AND RESULTS OF THE STUDY	9
	Procedure	9
	Results of the Study	11
IV.	CONCLUSION AND RECOMMENDATIONS	21
BIBLIOGRAPHY		23

CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

A philosophy of general education entails the preparation of the student to take his place in the highly complex world of which he is a part, fitting him harmoniously, but individually, into the mesh of relationships ranging from the individual's relations with himself, his home, his community, to those increasingly complicated relationships with his nation and his world.

The goal of health education is to help each individual appreciate and exemplify health as a way of life. Thus, it becomes education for personal and social effectiveness. It is not physical education or anatomy or physiology, nor is it biology. Health education is an inter-disciplinary science of healthful living which derives its content from the physical, biological, and medical sciences and its methodology from behavioral sciences, cultural anthropology, sociology, and social psychology to favorably influence health behavior of children, youth and adults.

The place of health education in the modern-day curriculum is justified by the fact that every individual regardless of his role or place in society will be confronted with health decisions every day of his life. No one can escape these decisions. No other subject in the curriculum can make that claim.

Health education is necessary also to provide the individual an opportunity to develop his rational powers in order to make wise decisions and solve personal, family, and community health problems. It is essential in the curriculum because many health needs are not being met either by the family or agencies in the community. Health education is the best medium of bridging the gap between scientific health discoveries and man's application of these discoveries in his daily life.

The President's Commission on Higher Education stated:

> Our colleges and universities are doing far less than they might to dispel the ignorance that lies at the root of the ill health of

> many of our people. Almost all our colleges, it is true, offer many courses that touch in some degree on the principles and practices of healthful living. But these courses are scattered through a number of departments and the information contained in them is never brought directly to bear on the practical problems of personal and community health.
>
> What is needed is a course that deals specifically with information, attitudes and habits the student needs to maintain and improve his health and that of his community. (9:337)

California junior colleges have long included a two-unit course in health education among requirements for the Associate in Arts and Associate in Science degrees. The California state colleges also currently require a two-unit course in health education for graduation.

General education is a stated aim of public junior colleges of California. The Johnson (9:334) study of public junior colleges in California established twelve objectives of general education, four of which are specifically promoted by the health education requirement:

1. Understanding his interaction with his biological and physical environment so that he may adjust to and improve that environment.
2. Maintaining good mental and physical health for himself, his family and his community.
3. Developing a balanced personal and social adjustment.
4. Sharing in the development of a satisfactory home and family life.

Because of these degree, transfer and general education requirements, our approximately 260,000 junior college students are confronted with health education today.

Many changes are taking place in higher education as a result of the knowledge explosion and social changes. However, according to Johns (3) these changes appear to be occurring at a slower rate and to a lesser degree than is happening at the lower educational levels.

For the most part, college health educators appear to be satisfied with the status quo, following the traditional course outlines and instructional techniques for the basic college health course. What an admirably professional attitude to have.

Many questions then appear with regard to health education regardless of the collegiate level: Has the traditional method been that satisfactory? What factors or forces extrinsic to the junior college are present that will mandate change? What in the way of instructional innovations are occurring today in the junior college to answer the extrinsic forces?

I. THE PROBLEM

Statement of the problem. The primary purpose of this study is to report innovation and experimentation in curriculum and instruction in health education at selected junior colleges in the Los Angeles area.

A secondary purpose of this study is to describe the pattern of the health education program in selected junior colleges.

Importance of the study. This study maintains an importance if it becomes an articulating media between sister colleges in reporting what some junior colleges have done, are doing, or plan to do to improve their health education instructional program.

Limitations of the study. This study is limited in its scope, to identify and report what various junior colleges have done, are doing or plan to do. If anything, it is outside the scope of this study to evaluate the efficiency, advantages, disadvantages, and instructional efficacy of the various innovations

II. SOURCES OF DATA

Background data for this study was obtained through a detailed review of the literature which involved a survey of Education Index, Reader's Guide, and ERIC Clearinnghouse for the Junior College.

The primary data of the study was obtained through personal interviews. All of the personnel interviewed were most kind and cooperative in taking time from their administrative and teaching responsibilities. They also showed a surprising interest in the study and in each case wanted to know (right then and there) some of my findings.

III. DEFINITIONS OF TERMS USED

Innovation. Innovation as used within the context of this study refers to new instructional techniques and methodologies used at a particular campus for the first time, even though the technique or methodology may be old hat at another campus.

Health education. The term health education as used within the context of this study refers to the course offerings which meet the Title V requirement of the California Education Code and the college's general education philosophy. Most colleges offer a two-unit course while some offer an option of either a two-unit or a three-unit course.

Traditional approach. The term "traditional" is used to refer to that instructional pattern which involves the assignment of a single faculty member to a lecture-discussion class containing x number of students which meets for one hour per semester week for each unit allowed. This involves the assignment of readings in a standard hard-back textbook, utilization of a number of audio-visual aids (predominantly motion pictures of rather poor quality), possibly the utilization of an outside resource speaker, and assignment of written projects.

"Blood and bones" approach. This term refers to that method of offering health education in the traditional manner with the emphasis upon anatomy and physiology of the human body. It also places heavy stress upon hygiene (i.e., body cleanliness) and disease.

Pattern. The term "pattern" is used in this study to refer collectively to the administrative organization of the health education program; i.e., the college department or division which supervises the program, the class size, the number of sections, and the faculty who are assigned to teach the courses.

CHAPTER II

REVIEW OF THE LITERATURE

A careful review of the literature has revealed almost a complete lack of published data relating to innovations in health education at the junior college.

Lombardi (7:11) states that this lack of published data on innovations is the result of the people who are shaping this new face of the community college being too involved in developing a philosophy or rationale for its many functions, reconciling its emphasis on quality with its obligation to quantity, and establishing occupational curricula.

Johns (3:37) reports that there are fewer curriculum experimentations with regards to health education being carried out or taking place at the college and university level, aside from some progress being made with television teaching, programmed learning, and a few attempts at scheduling sessions to include large groups, small discussion groups, and audio-tutorial sessions. At this point, however, Johns fails to cite any specifics or list any sources. Johns continues that regardless of the reasons, there seems to be little emphasis placed on innovation and creativity in curriculum planning and development for the basic college health education course.

Johnson, in his Islands of Innovation (4) reports on the variety and multitude of innovations going on at various junior colleges throughout the country. He cites examples of how the innovations are being utilized with respect to various disciplines. There are no references made to innovations in health education.

In his later publication, Johnson (5:112) cites the use of television in the teaching of health education at the College of San Mateo. Details of this innovation were not reported.

An ERIC document (2) was obtained which did report on the preliminary findings of a study of health education by educational television at the

College of San Mateo. The authors discussed an attempt to asses student opinion toward televised instruction in the required health education course. A seven-item questionnaire was administered to 416 students at the end of a television course and to 213 who completed a live lecture class from the same instructor. Television sections, each containing about 60 students, were monitored by mature, competent non-teaching persons who recorded attendance, made announcements, administered examinations, and when time permitted, answered questions. Lack of personal communication with the instructor was the chief objection to the television course, although over half of the television students said they would be willing to enroll in future courses of this type. The authors concluded that televised instruction has excellent possibilities of acceptance, especially if combined with discussion sessions.

It can only be assumed that based on their preliminary study in 1963, they now teach their health education course in a combined pattern.

While this study is limited in scope to the junior college, reference should be made to the literature which could have some indirect influence on innovation in health education since the teaching of the general health education course at the junior college most often parallels the same course at the four-year college and university.

Kine and Gillespie (6) review the various facets of utilizing educational television in health education. They report on activities at The Ohio State University and the University of Oregon.

Cauffman (1:158) attempts to synthesize some of the research that has been conducted in relation to selected approaches for teaching health education and summarizes the effectiveness of these approaches as evidenced by research.

Both the Kine and Cauffman articles concluded with helpful bibliographies.

Johns (3) reports on the conceptual approach to health education. Much of his article deals with the rewriting of curriculum as a needed innovation in the colleges and universities. He reviews several conceptual schemes and several attempts to conceptualize college health education textbooks.

Oberteuffer (8:39) reports on the current activity in both programming and curriculum in health education. He reviews five studies of national significance which are underway in the development of syllabi and health education materials which may have a very real effect on the junior college's role in the health education of our citizens.

THE PRESSURES TO INNOVATE

Although the current literature gives slight reference to the subject of innovation in junior college health education, it is the author's contention that very real pressures exist which will force such innovations to occur.

First and most obvious is the increasing student population and instructional costs. This trend will influence the college administration toward large group sessions, educational television, and the like. The concerned college health educator must begin to innovate so as to meet this demand without the loss of the quality of his program.

Second, the Academic Senate of the California State Colleges has already voted to eliminate health education (along with physical education, fine arts, and others) from its general education degree requirements. If they can influence the State Board of Education to eliminate the requirement, the junior college will be hard pressed to justify health education as a transfer requirement since it may not be required at the state colleges and is now not required at the University of California. The junior college must then defend the health education requirement solely on the basis of the general education aim of the junior college. Where this issue becomes important is the fact that the health education course and its huge student enrollment supports, staff-wise, most of the activities of the supervising department or division--be it life science or physical education. A loss of this bread-and-butter health education course would most directly affect these other areas. If the course is highly traditional and of the "blood and bones" variety, its defense would be a most monumental task and the consequences of loss or defeat highly tragic.

The third and most professional reason for innovation has to do with the large national curriculum revision programs currently under way. As

the depth and scope of the health education curriculum is transformed to the conceptual approach, the junior college must revise its curriculum offerings to meet the more highly sophisticated new needs of the incoming student. This same pressure to innovate has most recently been demonstrated in curriculum revision in the fields of physics, chemistry, biology, mathematics, English and others.

By far, the most comprehensive creative and sophisticated project in health education curriculum planning and development, utilizing the conceptual approach, is the School Health Education Study. Financial support was first underwritten by the Samuel Bronfman Foundation of New York and currently by the 3M Company. Reference should be made to the three key concepts and the ten concepts which serve as the major organizing elements of the curriculum and which reflect the scope of health education. The three key concepts--Growing and Developing, Interacting, and Decision Making are the unifying threads, characterizing the process underlying health. There are interrelationships among the key concepts and the physical, mental, and social dimensions of man that comprise a unified concept of health.

CHAPTER III

PROCEDURE AND RESULTS OF THE STUDY

I. PROCEDURE

It was the intent of this study to select a group of public junior colleges without reference to the pattern of the health education program and without any prior knowledge as to their involvement in innovation. The colleges chosen reflected a wide variety of size, history, administrative organization, and geographical locality within the greater Los Angeles area.

The following nine public junior colleges were selected and visited:

Cerritos College
Cypress Junior College
El Camino College
Fullerton Junior College
Glendale College
Long Beach City College
Los Angeles Valley College
Rio Hondo Junior College
Santa Monica City College

After the list of colleges was compiled, telephone arrangements were made to meet with department or division chairmen. In several instances, the Dean of Instruction was contacted because of calendar conflicts with the department or division staff. Personal interviews were then held on all but one campus. Because of appointment difficulties, a telephone interview was held with the Dean of Instruction at one college.

During the interview, the administrator was asked:

1. To describe the "pattern" of the health education program.
2. Have you tried any innovations in the past?
3. Are you now engaged in any innovative changes in your health education program?
4. Are you planning any innovative changes in your program in the future?

5. Have you heard of any innovations in health education at the junior college?

Additional questions related to staff morale, staff recruitment criteria and the future of the college and the health education program were also asked.

To maintain continuity of purpose and results, the primary purpose of this study should be repeated:

> The primary purpose of this study is to report innovation and experimentation in curriculum and instruction in health education at selected public junior colleges in the Los Angeles area.

In order to gain insight into each participating junior college, the data was organized in the following fashion:

Name of the college - Total enrollment

Position of person interviewed

Pattern of program, including:
- Supervising department or division
- Title of course, catalog description
- Approximate class size
- Number of faculty teaching

Innovations

II. RESULTS OF THE STUDY

COLLEGE A - Enrollment: 6,000

1. Interview: Department Chairman

2. Pattern of program:

   a. Supervising department: Physical Education

   b. Title of course: Health Education (2 units). Catalog description:

      A basic course introducing the fundamentals and principles of personal and community health. Areas covered include nutrition, mental health, narcotics and alcohol, communicable diseases, safety and health problems of the community and of the world. Required of all students.

   c. Number of sections: 22

   d. Class size: approximately 45

   e. Number of faculty: 7

3. Innovation: This institution teaches health education classes in the traditional manner. There are no innovative developments because, according to the department chairman, the institution and its staff are new. Also the lack of interest on the part of the teaching staff could play a role.

   The one important development which might be considered an innovation is the fact that a staff member was just hired who claims to be a health educator. The department chairman stated rather strongly his doubts as to whether an instructor for this general health education course really needs a health education background. He further stated that all that was needed to do an effective job was interest (which all but two of his staff lacked) and the ability to develop rapport with the students. He concluded that those in the life science area are generally not as capable in rapport building as the physical education staff.

COLLEGE B - Enrollment: 11,000

1. Interview: Division Chairman

2. Pattern of program:

   a. Supervising division: Physical Education

   b. Title of course: Health Education (2 units). Catalog description:

      A consideration of physical and mental health, including disease prevention and control; basic principles of first aid and life saving; the social and economic significance of good health. Satisfies state health science requirements for junior college graduation.

   c. Number of sections: 19

   d. Class size: 65

   e. Number of faculty: 9

3. Innovation: These health education courses are highly traditional, of the "blood and bones" variety. There has been absolutely no attempt in the past or plans for the future to innovate. There is, according to the division chairman, some mounting pressure to go to large group sessions, but this is being resisted because of the need for discussion in the classroom. However, a question is raised as to how successful discussion periods are in class sections of 65 students.

   Of the nine faculty members who teach health education, none possess a Master's degree in health education and all the male faculty members are involved in heavy coaching assignments. The division chairman appeared to be completely unaware of any of the forces (legislative and the national curriculum studies) that might tend to mandate innovation in health education.

COLLEGE C - Enrollment: 6,000

1. Interview: Department Chairman

2. Pattern of program:

   a. Supervising department: Physical Education

b. Title of course: Health Education 1 (2 units). Catalog description:

> A consideration of health and its effect upon the quality of human life, the effect of exercise and fatigue, prevention of specific diseases, the significance of nutrition in health and disease, and the hygiene of the different body systems. Practices and problems in community health.

c. Number of sections: 9

d. Class size: 40

e. Number of faculty: 4

3. Innovation: There are no innovations on this campus in health education. The courses are taught traditionally except that only the extended day classes are coeducational. During the day there are five sections for men and two for women. The department chairman could not justify this approach except that this is the way it has always been done. While the advantages of the coeducational grouping are voiced by the staff, no one has shown any interest to change. The chairman concluded that it would not take much for the change. This "new" coeducational grouping would most assuredly be the most notable instructional innovation in health education at this college.

The chairman defended the lack of innovative developments on the basis that the department does not have a health educator on its staff. All the current staff is actively involved with coaching assignments and because of a rapidly decreasing student body and financing difficulties there is little likelihood that any new staff would be hired.

COLLEGE D - Enrollment: 2,000

1. Interview: Dean of Instruction

2. Pattern of program:

a. Supervising department: Life Science

b. Title of course: Personal Health (2 units). Catalog description:

> Essentials of nutrition, vital physical functions, disease prevention and control, narcotics and drugs, basic principles of first aid and life saving, and the social and economic significance of good health. Satisfies state requirement in community and personal hygiene and first aid instruction.

c. Number of sections: 8

d. Number of faculty: 5

3. Innovation: At the present time, the course is taught rather traditionally, with two of the sections offered at night. A plan was just approved to give biological science majors credit for health education. Within the next year, the plan is to shift the teaching to large group sessions of approximately 100 students each. This plan would, it is hoped, involve three kinds of class meetings:

   a. A large group session once every two or three weeks.
   b. Small group sessions, approximately once a week for discussion and student reports.
   c. A series of individual audio-tutorial sessions to be held in the library "Programmed Learning Center."

When asked about faculty recruitment, the Dean stated that a candidate must have a strong academic preparation in the life sciences. A person with a Bachelor's and Master's degree in biology was preferrable to a candidate with a Bachelor's in biology and a Master's in health education. A candidate with undergraduate preparation in physical education, regardless of his Master's preparation, would not be considered. It is interesting to note that the teaching staff is composed of some biology personnel and some physical educators. The only "health educator" on the staff is a physical educator who also possesses a Master's in health education. This person, in addition to teaching most of the health education sections, is also teaching in the Sociology Department (Marriage and the Family) and is the athletic trainer.

<u>COLLEGE L</u> - Enrollment: 12,000

1. Interview: Division Chairman

2. Pattern of program:

   a. Supervising division: Life Science

   b. Title of course: <u>Personal Health</u> (2 units). Catalog description:

Two hours lecture per week. A consideration of essentials of nutrition, vital physical functions, disease prevention and control; narcotics and drugs, basic principles of first aid and life saving; the social and economic significance of good health. Satisfies state requirement in community and personal hygiene and first aid instruction.

c. Number of sections: 34

d. Class size: 60

e. Number of faculty: 10

3. Innovation: These courses are of the traditional "blood and bones" variety. There has been no attempt in the past nor are there any plans for the future to innovate. In fact, of the ten faculty members who teach health education, only one wants to. According to the chairman, tnis course is the number one problem within the division. Topics such as mental and emotional health, environmental health, and social health problems are not covered. He stated that his faculty, for the most part, are highly inflexible and resistant to innovation of any kind. Most of the staff have come from the high schools and have been teaching for twenty to thirty years.

Credit and grade by examination, which had just been instituted, was the only thing the chairman could describe as innovative. Video-tape equipment is owned by the division, but there have been no attempts to use it in relation to the health education program. The division has discussed, only briefly, going to audio-visual sessions for health education in the future. Nothing is being planned.

It seems apparent that for an instructor to do an effective job he must want to teach the course. This institution represents an example of the Division of Life Science doing as much injustice to the students and health education courses as has been blamed on the division of physical education at most other institutions. At the present time, the Division of Life Science is looking for four new biology staff members. The chairman stated that until our interview he had never considered hiring a health educator, even one who had strong academic preparation.

At the conclusion of our meeting, the chairman stated that he would consider hiring a health educator with one reservation: that the candidate agree not to teach in the biology program after a couple of years of employment. The hiring of a competent health educator would most assuredly be an innovation at this institution. The chairman stated that he had only received a single letter of inquiry from a health educator.

COLLEGE F - Enrollment: 16,000

1. Interview: Dean of Instruction

2. Pattern of program:

   a. Supervising department: Physical Education

   b. This institution offers a two unit and a three unit course, both of which meet the health education requirement:

   Health Education (2 units). Catalot description:

   > Personal and community health problems . Factors influencing health including heredity, family life, nutrition, mental hygiene, and selection of health advisor. Evaluation of health information; study of accident and fatality causes. Not open to students who have credit for Health 11.

   Principles of Healthful Living (3 units). Catalog description:

   > Required of physical education and elementary education majors. Intensive study of the fundamentals of healthful living and community health. Not open to students who have credit for Health 10 or its equivalent.

   c. Number of sections: two unit course: 25; three unit course: 3.

   d. Number of faculty: 21

3. Innovation: The only thing in the way of innovation in health education occurred approximately ten years ago when the department experimented with educational television. So adverse was the staff reaction that it was discontinued. The teaching has followed the traditional approach ever since. The staff's resentment over LTV seems to have some basis in their fear of losing their jobs to television, a fear that was fairly widespread years ago.

COLLEGE G - Enrollment: 12,000

1. Interview: Department Chairman

2. Pattern of program:

   a. Supervising department: Life Science

   b. This institution offers both a two unit and a three unit option to meet the requirement of health education:

      Hygiene--Fundamentals of Healthful Living (2 units). Catalog description:

      > A one semester course designed to develop proper attitudes in relation to healthful living. Consideration given to the major aspects of health, including the cause and prevention of diseases, mental hygiene, sex hygiene, relationship of alcohol, narcotics, and smoking to health, and the factors involved in family and community health. Required for graduation.

      Principles of Healthful Living (3 units). Catalog description:

      > Fundamentals of healthful living. A consideration of physical and mental health. Includes disease prevention and control of the social and economical significance of good health. Required of health, physical education, and recreation majors and those going into elementary teaching. May be used to satisfy health requirements for the A.A. degree.

   c. Number of sections: two unit: 26 (includes 11 extended day sections); three unit: 1

   d. Class size: 55

   e. Number of faculty: 12. Six of the health education faculty are biologists, two are physical educators, two are health educators, one is a psychologist and one is a high school science teacher.

3. Innovation: The only innovative development in health education on this campus is the establishment of two sections of a one unit elective course dealing with the contemporary drug use and abuse problem. The instructor is a medical doctor. Whether or not he is a competent teacher is not known, but the fact that he is a medical

doctor is a big point with the administration. Among the 12 faculty members, two part-time evening teachers are trained health educators.

COLLEGE H - Enrollment: 24,000

1. Interview: Dean of Instruction, Dean of Liberal Arts, Department Chairman.

2. Pattern of program:

   a. Supervising department: Life Science

   b. This institution offers both a two and a three unit option in meeting the health education requirement:

      Introduction to Health Education (2 units). Catalog description:

      > Two hours lecture. General study of the fields of health designed to promote desirable health attitudes and to provide up-to-date scientific information in the areas of individual family, and community health practices.

      Principles of Healthful Living (3 units). Catalog description:

      > Three hours lecture. Study of the fundamental principles underlying healthful living; development of desirable health attitudes and practices as they affect everyday living. For education majors.

   c. Number of sections: 23

   d. Class size: 40

3. Innovations: Team teaching was experimented with several years ago, but discontinued because of faculty resistance. The cause of the resistance was not discussed. Credit without grade by examination is available. A committee is currently studying the feasibility of granting grades with the credit by examination.

   This institution is currently offering a sixteen week, two unit health education course over commercial television. The administration has considered this both a community service as well as an instructional innovation. There are currently over 1,100 students registered. The fact that over 350 of these are regular students from this institution tends to create an administrative problem of schedule planning for next

fall. Because of a series of legal complications, the depth and scope of dealing with controversial issues has made this a shallow presentation. The department would like to consider closed circuit television in the future.

Another innovation is the fact that a full-time qualified health educator has recently been hired.

COLLEGE I - Enrollment: 13,600

1. Interview: Member of the teaching staff.

2. Pattern of program:

   a. Supervising department: Physical Education

   b. This institution offers both a two unit and a three unit option in meeting the health education requirement:

      Personal and Community Health Problems (2 units). Catalog description:

      > Lecture 2 hours. Not open to the student who has credit for or is currently enrolled in Health Education 2. Critical examination of the factors which affect the health of the individual and the community with special attention to personal and family health problems. General topics considered are narcotics--including alcohol and tobacco, heredity, family health, communicable and noncommunicable diseases, personal hygiene and community health problems.

      Health Education for Teaching Majors (3 units). Catalog description:

      > Lecture 3 hours. Not open to the student who has credit for or is currently enrolled in Health Education 1. Designed to provide prospective physical education and elementary school teachers with current information regarding personal and community health, with particular emphasis on childhood and adolescent health; i.e., growth and development, problems pertinent to the age groups. The teaching methods and materials used are suitable in developing an understanding of an appreciation for sound health practices in children and adolescents. This is a content course in preparation for the upper division professional methods course in the teaching of health and safety.

   c. Number of sections: two unit: 35; three unit: 3.

   d. Approximate class size: 36

e. Number of faculty: 12. All of the teaching staff have a shared responsibility with teaching physical education classes or a coaching assignment.

3. Innovation: All of the two unit courses are taught traditionally. In the past the three unit course (required of education majors) has also been taught traditionally except its students were required to report in class on the operation of a health agency in the area. So poor were these reports that the staff attempted to improve the program.

The innovation is the development of an independent study plan. This institution developed this pattern from a plan going on at Nassau Community College, Garden City, New York. Under this plan, the student, rather than attending a three unit health education course, attends one of the two unit traditional classes. In addition, for the additional unit, he is assigned to a community health agency for observation. This observation-participation lasts for twenty hours. Extreme care is taken not to get the student involved in mundane tasks. At the conclusion of the observation-participation period, the student presents an evaluative report on his experiences to an assigned faculty member. The student's grade is determined both by the report presented to the instructor and a report made by the agency's supervisor on the student's activity.

To this date, results indicate excellent community acceptance of this plan.

CHAPTER IV

CONCLUSION AND RECOMMENDATIONS

The review of the literature indicates clearly that there is a lack of published data related to instructional innovations in health education at the junior college. This lack of published data as explained by Lombardi (7), is the result of our junior college administrators being too busy with the redefining process currently going on at the junior college to bother with the reporting and/or publishing process.

The survey of the nine junior colleges had results similar to the survey of the literature. There isn't any real innovating going on in health education at the junior college. Johnson (4), in his Islands of Innovation, lists all types of innovative designs which can and do take place at the junior college. These are changes in class size, release time for the teaching staff, audio-tutorial systems, educational television (commercial and closed-circuit), programmed learning, credit by examination, team teaching, independent study, and work study.

Aside from an attempt at independent study, credit by examination, and the use of commercial television for a credit health education course, the innovations identified were not really significant enough to result in the improvement of the instructional program. Several of the institutions visited were doing absolutely nothing in the way of innovating, regardless of how slight, and had little knowledge of the forces which might mandate change. Furthermore, these same institutions expressed an overt satisfaction with the stagnant status-quo.

While Lombardi places the blame for the lack of reporting on busy administrators, this study indicates that the junior colleges studied are not involved in innovations because they lack qualified health educators on their staff. Their personnel have their professional loyalty, if any, aimed at their coaching, physical education, and in several instances, their life science programs. They ignore, but tolerate, the step-child that seems to nourish and feed their respective programs.

The following basic conclusions were reached as a result of this study:

1. That this type of interviewing can result in gaining insight into the philosophy behind the operation of a college health education program: insight beyond just searching for innovative development.

2. That this kind of study serves as a type of in-service health education training program for ill-informed college deans and department chairmen. It may even result in an attempt to improve the health education program at the respective junior colleges.

As a result of the review of literature, and the experience gained from the interviews with the administrators, the following recommendations are made:

1. A descriptive study be made and published of the health education programs offered at Mt. San Jacinto College, College of Marin, and San Bernardino Valley College. It was learned through the various interviews that these colleges are innovating in health education.

2. Because of the increasing pressure from forces outside the junior college, the author recommends that a more comprehensive study of innovations in health education of all the public junior colleges in Southern California be made and published.

3. A comprehensive study be made to evaluate the total health education program of public junior colleges in the Los Angeles area.

BIBLIOGRAPHY

1. Cauffman, Joy. "Effectiveness of Selected Approaches for the Teaching of Health Education," Synthesis of Research in Selected Areas of Health Education. Washington, D. C., The School Health Education Study, 1963.

2. "Health Education by Educational Television: A Preliminary Evaluation, 1964-1965 Fall Semester," College of San Mateo, California, 1965. ERIC Document JC-660-002.

3. Johns, Edward B. "The Conceptual Approach to Health Education for College and Universities," Journal of School Health, January 1968.

4. Johnson, B. Lamar. Islands of Innovation. Occasional Report from UCLA Junior College Leadership Program. Number 6, March 1964.

5. Johnson, B. Lamar (ed.). New Directions for Instruction in the Junior College. Occasional Report from UCLA Junior College Leadership Program. Number 7, March 1965.

6. Kime, R. E. and D. K. Gillespie. "Oblique Educational Television," Journal of School Health, March 1967.

7. Lombardi, John. "The Open-Door College: A Commitment to Change," Systems Approaches to Curriculum and Instruction in the Open Door College. Occasional Report from UCLA Junior College Leadership Program. Number 9, January 1967.

8. Oberteuffer, Delbert. "Health Education and Physical Education," New Curriculum Developments. Washington, D. C., Association for Supervision and Curriculum Development, 1965.

9. Pollock, Marion. "The Significance of Health Education for Junior College Students," Journal of School Health, September 1964.